

# TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT	TIME	2. ADDRESS OF OCCURRENCE				3. LOCATION CODE	4. BEAT/OCCUR						
	24-AUG-2014		19:11:00	2842 W POLK ST CHICAGO, IL 60612				289	1135					
	5. POSITION	6. LAST NAME		7. FIRST NAME	8. STAR NO	9. SEX	10. RACE CODE	11. AGE	12. HT	13. WT				
	9161	SLECHTER		ROBERT J	4924	<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	WHI	603	603	212				
	14. DATE OF AIPT	15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT	17. DUTY STATUS	18. MEMBER INJURED?	19. MEMBER IN UNIFORM?							
	03-JAN-2005			011 1161A	<input checked="" type="checkbox"/> 01 CR <input type="checkbox"/> 02 OF <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
	20. LAST NAME	21. FIRST NAME		22. M.I.	23. SEX	24. RACE	25. O.G.B.	26. HT	27. WT					
	MCINTOSH	ROSHAD			<input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	BLK	08-SEP-1994	507	140					
	28. ADDRESS	720 N CAMPBELL AVE CHICAGO, IL 60612		29. TELEPHONE NO.	30. WAS SUBJECT ARMED? OTHER (SPECIFY) FIREARM - SEMI-AUTOMATIC			31. SUBJECT INJURED?	32. SUBJECT ALLEGED INJURY?					
	MOUNT SINAI HOSPITAL				<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			<input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	<input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL										34. BY WHOM?	35. CONDITION	<input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 03 Hospitalized	<input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 04 Not Hospitalized	<input type="checkbox"/> 05 Refused Medical AN
36. CHARGES PLACED										<input type="checkbox"/> DNA	37. CB NO.	IR NO.	<input type="checkbox"/> DNA	
SUBJECT INFORMATION	38. PASSIVE RESISTER		ACTIVE RESISTER		ASSAULTANT:ASSAULT		ASSAULTANT:BATTERY		ASSAULTANT:DEADLY FORCE					
	SUBJECT'S ACTIONS		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input checked="" type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	ATTACK WITH WEAPON <input checked="" type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>							
	STIFFENED (DEAD WEIGHT)		<input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input type="checkbox"/>	WEAPON <input type="checkbox"/>							
	OTHER _____		OTHER _____	OTHER _____	OTHER _____	OTHER _____	OTHER _____							
	MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/>	OPEN HAND STRIKE <input type="checkbox"/>	ELBOW STRIKE <input type="checkbox"/>	KNEE STRIKE <input type="checkbox"/>	FIREARM <input checked="" type="checkbox"/>							
	VERBAL COMMANDS		VERBAL COMMANDS <input checked="" type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>	KICKS <input type="checkbox"/>	OTHER _____							
	EGGORT HOLDS		EGGORT HOLDS <input type="checkbox"/>	OC CHEMICAL WEAPON <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>								
	WRISTLOCK		WRISTLOCK <input type="checkbox"/>	CANINE <input type="checkbox"/>	OTHER _____	OTHER _____								
	ARMBAR		ARMBAR <input type="checkbox"/>	TASER (Probe Discharge) <input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>								
	PRESSURE SENSITIVE AREAS		PRESSURE SENSITIVE AREAS <input type="checkbox"/>	TASER (Contact Stun) <input type="checkbox"/>	OTHER _____	OTHER _____								
CONTROL INSTRUMENT		CONTROL INSTRUMENT <input type="checkbox"/>	TASER (Laser Tageded) <input type="checkbox"/>	OTHER _____	OTHER _____									
OC/CHMICAL WEAPON W/AUTHORIZATION		OC/CHMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>	TASER (Spark Displayed) <input type="checkbox"/>	OTHER _____	OTHER _____									
OTHER _____		OTHER _____	OTHER _____	OTHER _____	OTHER _____									
REASON FOR USE OF FORCE (Check all that apply)	39. OC/CHMICAL WEAPON AUTHORIZED BY (NAME)			40. ADDITIONAL INFORMATION SUBJECT WAS ARMED WITH A SILVER TWO TONE SEMI AUTO 9MM HANDGUN.										
	POSITION	STAR NO.	UNIT											
	41. WEAPON TYPE	<input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL	42. INCIDENT OCCURRED	43. LIGHTING CONDITIONS	44. WEATHER CONDITIONS									
	<input type="checkbox"/> 01. REVOLVER	<input type="checkbox"/> 05 CHEMICAL WEAPON	<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	<input type="checkbox"/> 01 Daylight <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial	CLEAR									
	<input type="checkbox"/> 02 RIFLE	<input type="checkbox"/> 06 TASER (Probe Discharge)	45. MAKE/MANUFACTURER	46. MODEL	47. BARREL LENGTH	48. CALIBER/GAUGE								
	<input type="checkbox"/> 03 SHOTGUN	<input type="checkbox"/> 07 OTHER	GLOCK, INC., AU-	21	4.6	45 CAL								
	49. TASER DART ID NO.	50. WEAPON SERIAL NO. (Include Letters)	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO.	53. HANDGUN CERTIFICATE NO.									
	NEH274	NEH274	R013707S	96540120										
	54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. ND. OF WEAPONS DISCHARGED BY THIS MEMBER	58. TOTAL ND. OF SHOTS MEMBER FIRED									
	Department Issued		Department Issued	1	3									
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify)	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)											
<input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	<input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)													
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify)	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD DNA	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO												
<input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW														
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)			67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED											
NO COVER			<input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.											
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON			69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN											
<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN			<input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)											
CASE INFO.	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR.													
	NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT.& W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.													
	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.													
SIGNATURES	73. REPORTING MEMBER (Print Name)			STAR/EMPLOYEE NO.	SIGNATURE									
	INTERRANTE, CARL B 25-AUG-2014 01:03:26			2344										
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.														
74. REVIEWING SUPERVISOR (Print Name)			STAR NO.	SIGNATURE		DATE REVIEWED TIME								
VELEZ, CARLOS E			211			25-AUG-2014 03:22:21								

142361477  
7/13/2014

HX400962  
7/13/2014

LOG# 1031160  
Attachment 4

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

Subject is deceased.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the what is known at this time, a preliminary determination has been made that the discharges by police officer Robert Slechter comply with department guidelines and directives concerning deadly force in that officer Slechter feared he was about to be shot by an assailant who was armed with a firearm and that the assailant ignored officer Slechter and other officer's commands to drop the weapon and show his hands then took cover in a rear porch and raised the gun and pointed it in the direction of officer Slechter.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO/JORNO: 1071166 OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

VELEZ, CARLOS E

SIGNATURE

DATE COMPLETED

25-AUG-2014 03:32:09

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT	<input type="checkbox"/> I.D.D. REPORT	80. TOTAL TRRS THIS EVENT NO.
<input type="checkbox"/> CASE REPORT	<input checked="" type="checkbox"/> OFFICER BATTERY REPORT	<input type="checkbox"/> OR INITIATION REPORT	6
<input type="checkbox"/> ARREST REPORT	<input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)		